



Hospice Quality Reporting Program

Quarterly Updates for July-September 2019

This document provides Hospice Quality Reporting Program (HQRP)-related updates on events and guidance from the 3rd Quarter of 2019 (July – September 2019).

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Please Note: Guidance contained in this document may be time-limited and may be superseded by guidance published by CMS at a later date. Please check the HQRP Spotlight and Announcements webpage at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Spotlight.html> for updates.

Important Reminder: FY2020 HQRP Timeliness Compliance Threshold

The HQRP Timeliness Compliance Threshold for the determination of the Annual Payment Update (APU) for FY2020 and all subsequent years includes the following requirements for hospices:

- At least 90% of all required Hospice Item Set (HIS) records must be submitted and accepted within the 30-day submission deadline.
- Quarterly Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) data must be submitted and accepted by the quarterly deadlines by a CMS-approved third-party vendor.
- For more information, please see the “Hospice Quality Reporting Program: Requirements for the Fiscal Year 2020 Reporting Year” in the Downloads section of the [HQRP Requirements and Best Practices page](#).

Tip of the Quarter

The current CMS policy for submission of HIS patient records allows providers to submit records for up to 36 months from the target date. Effective October 1, 2019, the CMS policy for HIS patient record submission will be changed to 24 months from the target date. The policy change applies to new, modified, and inactivated records. However, the date by which providers modify or inactivate HIS records affects what data is reported on Hospice Compare. Providers can become familiar with the key dates for public reporting available here:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Public-Reporting-Key-Dates-for-Providers.html>

Section 1: What You May Have Missed Last Quarter

Updates and Announcements

Data Correction Deadline replaces “Freeze Dates”

Beginning with the November 2019 Hospice Compare refresh, providers will need to submit all HIS modification or inactivation records prior to the 4.5 month data correction deadline for public reporting for the modifications to be reflected in the corresponding HIS Provider Preview Report and Hospice Compare refresh.

This means that providers will have 4.5 months following the end of each calendar year (CY) quarter to review and correct their HIS records with target dates (which is the admission date for HIS-Admission records and discharge date for HIS-Discharge record) in that quarter for public reporting. After this 4.5 month data correction deadline has passed, HIS data from that calendar quarter will be permanently frozen for the purposes of public reporting. Updates made after the correction deadline will not appear in any subsequent Hospice Compare refresh. This policy is at the HIS record-level, meaning a patient’s HIS-Admission and HIS-Discharge records may have different data correction deadlines.

For more information see the “Policy Update: 4.5 Month Data Correction Deadline for Public Reporting” in the download section of the Public Reporting: Key Dates for Providers at

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Public-Reporting-Key-Dates-for-Providers.html>.

FY2020 Hospice Final Rule Published

On August 6, 2019, CMS published the FY 2020 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements Final Rule. It includes updates to the HQRP. To read this rule, please visit the Spotlight section at <https://www.cms.gov/Center/Provider-Type/Hospice-Center.html>.

September 2019 Special Open Door Forum: Update on the Hospice Assessment Tool Development

On September 12, 2019, CMS hosted a Special Open Door Forum (SODF) on the development of the hospice patient assessment tool. As finalized in the FY2020 rule, CMS will now call this tool the Hospice Outcomes & Patient Evaluation (HOPE). In the presentation, CMS shared background on the HQRP, and updates to the ongoing development and design of the HOPE. CMS also provided background and an update on quality measure development for the HQRP, including the development of measures linked to the HOPE. This SODF was part of a series of regular SODF's CMS has hosted on this tool and other key topics related to the Hospice Quality Reporting Program.

Please visit the CMS SODF webpage: <https://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/ODFSpecialODF.html>

Feedback and questions on the HOPE can be sent to:
HospiceAssessment@cms.hhs.gov.

The FY 2020 payment updates for HIS and CAHPS data that go into effect on October 1st, 2019 will reflect meeting the Hospice QRP Requirements based on calendar year 2018. Data collected during calendar year 2019 impact the FY 2021 APU. The upcoming data collection year starts with January 1, 2020 and will impact the 2022 APU

Hospices must submit their calendar year data timely for both HIS and CAHPS or be subject to a 2% reduction in their Fiscal Year Annual Payment Update (APU).

To keep informed about compliance with the HQRP Requirements read the [Hospice Final Rules](#), materials offered on the [Best Practices webpage](#), [Training and Education webpage](#), and [Reconsideration webpage](#)

Overview of the FY 2021 APU Requirements:

Reporting Requirement	Sample for FY 2021 APU	Compliance Criteria
HIS	HIS records with a target date 1/1/19 – 12/31/19	At least 90% of all HIS records must be submitted and accepted by QIES ASAP within 30 days of the target date for the record.
CAHPS®	Patient decedents 1/1/19 – 12/31/19	Vendor submits data quarterly – each submission must be complete (have 3 months' worth of data) and must be submitted and accepted by the quarterly deadlines (second Wednesday of February, May, August, and November).

Provider Engagement Opportunities

We offer provider engagement opportunities for our stakeholders. These include the Special Open Door Forums (SODF), now called HQRP and HOPE Updates, Open Door Forums (ODF), Technical Expert Panels (TEP) and other opportunities specific to aspects of this HQRP work. Provider Engagement Opportunities are typically posted at:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-QRP-Provider-Engagement-Opportunities.html>

Focus Groups with Hospices for the HOPE

CMS recently recruited experienced hospice providers and clinicians to participate in focus groups to discuss and provide input on the development of the HOPE tool. The focus groups were conducted in August and September 2019. Unfortunately, CMS was not able to select every applicant for a focus group as our commitment for each group was to ensure a nationally balanced representation of diverse hospices. There will be more opportunities to provide feedback to our work, and CMS encourages all interested stakeholders to continue to look for updates on the CMS HQRP website and participate in the Medicare Special Open Door Forums regarding the HQRP to keep you informed.

Technical Expert Panel (TEP) Convened for Quality Measures

In order to obtain a broad range of input and engagement throughout the course of developing the HOPE tool and related quality measures (QMs), CMS, through its measure development contractor, will convene groups of stakeholders and subject matter experts who can contribute direction and thoughtful input during instrument and measure development and implementation. The TEP nomination period was held August 30th, 2019 to September 30th, 2019 and was posted on the [Provider Engagement webpage of the HQRP website](#). The first annual TEP will convene in November 2019.

Getting Started with Hospice CASPER Review and Correct Reports

An updated version of the CASPER Quality Measure (QM) Reports Fact Sheet is now available in the Downloads section of the [HQRP Requirements and Best Practices](#) page. This updated version reflects the addition of the Hospice When Death Is Imminent measure pair to both the Hospice-level and Patient Stay-level CASPER QM Reports.

Educational Trainings Released Last Quarter

The Hospice QRP website includes an Education and Training Library webpage chock full of great education and training opportunities. Please check-out this webpage for useful trainings you can do on your schedule. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Quality-Reporting-Training-Training-and-Education-Library.html>

A few recent trainings are highlighted below:

[Introduction to the HQRP](#)

This course provides an overview of the two major components of the HQRP: the HIS and the CAHPS® Hospice Survey. The course is comprised of the following five lessons:

- What is the HQRP?
- The HIS
- Timing of the HIS
- The CAHPS® Hospice Survey
- Hospice Compare and Public Reporting

Each lesson is designed to be completed at your own pace. It is recommended that the lessons are completed in order, but you may complete them as best fits your needs.

[HQRP Data Submission Requirements and Reports](#)

This course provides an overview of topics related to the HQRP Data Submission Requirements and Reports and is comprised of the following seven lessons:

- [Getting Ready to Submit the HIS](#)
- [HIS Item Completion](#)
- [Successful Submission and Acceptance of the HIS](#)
- [Identifying and Addressing Errors on the Final Validation Report \(FVR\)](#)
- [Overview of HQRP Provider Reports](#)
- [HQRP Useful Websites and Resources](#)
- [HQRP Exemption and Extension for Extraordinary Circumstances Policy](#)

Each lesson is designed to be completed at your own pace. It is recommended that the lessons are completed in order, but you may complete them as best fits your needs.

Section 2: What's Coming Up in the 4th Quarter of 2019

Please keep informed by checking out the CMS website and signing up for the ListServes, ODF's, and MLN Weekly Newsletter on the HQRP website at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/index.html>

Home Health, Hospice & DME Open Door Forum Schedule (subject to change so please check the CMS ODF website):

- October 30, 2019 from 2:00-3:00pm ET
- December 11, 2019 from 2:00-3:00pm ET

Training and Education Webinar on November 14, 2019 from 2:00-3:00pm ET

Topic: Success with the HQRP: Putting the Pieces Together to Meet Compliance Webinar. Please look for the Announcement and Registration to post soon on the HQRP Website, Spotlight webpage.

Updates on HQRP and HOPE scheduled for December 4, 2019 from 2:00-3:00 pm ET

Please look for the Announcement and Registration to post on the HQRP Website, Spotlight webpage.

Section 3: Previous and Upcoming Public Reporting Dates

The section below includes key public reporting dates for the previous and upcoming Quarters. Providers should review the timeline to ensure they are familiar with important upcoming public reporting dates, and refer to the Public Reporting: Key Dates for Providers webpage at

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Public-Reporting-Key-Dates-for-Providers.html> for more information.

Third Quarter 2019

Hospice Compare Refresh and updates: August 2019

- HIS quality measures updated to reflect patient data collected: Q4 2017 – Q3 2018
- Hospice Visits When Death Is Imminent Measure 1 publicly reported for the first time
- CAHPS® Hospice Survey data updated to reflect quarters Q4 2016 – Q3 2018

Hospice Provider Preview Reports available: September 11, 2019

- HIS quality measure results from: Q1 2018 – Q4 2018
- Facility-level CAHPS® Hospice Survey results from quarter Q1 2017 – Q4 2018

HIS Record Data Correction Deadline for November 2019 Hospice Compare Refresh: August 15, 2019

- Target date of HIS records Q1 from: 01/01/2019-03/31/2019

Fourth Quarter 2019

Hospice Compare Upcoming Refresh: November 2019

- HIS quality measures will be updated to reflect patient stays discharged in Q1 2018- Q4 2018
- CAHPS® Hospice Survey data updated to reflect quarters Q1 2017 – Q4 2018

Hospice Provider Preview Reports available: December 2, 2019

- HIS quality measure results from: Q2 2018 – Q1 2019
- Facility-level CAHPS® Hospice Survey results from quarter Q2 2017 – Q1 2019

Providers have 30-days to review their HIS and CAHPS® results (**December 2, 2019 through January 2, 2020**) prior to the February 2020 Hospice Compare site refresh, during which this data will be publicly displayed.

Providers may request CMS review if they find denominator or other HIS quality metrics to be inaccurate, or if there are errors within the results from the CAHPS® Survey data. To request a review, providers should refer to the process outlined on the Public Reporting:

- HIS Preview Reports and Requests for CMS Review of HIS Data webpage at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Public-Reporting-HIS-Preview-Reports-and-Requests-for-CMS-Review-of-HIS-Data.html> and;
- CAHPS® Preview Reports and Requests for CMS Review of CAHPS® Data webpage at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Public-Reporting-CAHPS-Preview-Reports-and-Requests-for-CMS-Review-of-CAHPS-Data.html>.

For more information on how to access these reports:

- HIS Preview Report Access Instructions at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Downloads/Hospice-Provider-Preview-Report-Access-Instructions.pdf>.
- If you have difficulty accessing your report after review of these instructions, please contact the Technical Help Desk E-mail: help@qtso.com. Phone: 1-877-201-4721 Hours: Monday-Friday 7:00 a.m. - 7:00 p.m. Central Time.
- Hospice CAHPS® Provider Preview Reports Access Instructions at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Downloads/Hospice-CAHPS®Provider-Preview-Report-Access-Instructions-Final-12-1-17.pdf>.
- Technical questions about the Hospice CAHPS® Survey should be directed to hospicecahpsurvey@HSAG.com or call toll free at 1-844-472-4621.

HIS Record Data Correction Deadline for February 2020 Hospice Compare Refresh: November 15, 2019

- Target date of HIS records Q2 from: 04/01/2019-06/30/2019

Section 4: Questions and Answers

Question 1: How do the HQRP reporting requirements correspond to the Annual Payment Update (APU)?

Answer 1: The payment reduction is a 2-percentage point reduction in your APU for the corresponding fiscal year (FY) (October 1—September 30).

According to the HIS Manual, HIS reporting activities currently operate on a cycle of HIS data collection and submission, compliance determinations, and payment impact that spans 3 years. HQRP reporting years are referenced by the relevant FY APU affected. For example, the FY2021 Reporting Year consists of data collection and submission in calendar year (CY) 2019, compliance determinations in 2020, and payment impact for the FY 2021 APU.

For CY 2019 reporting period and all subsequent CY reporting period, providers must submit at least 90% of their records on time (within the 30-day submission timeframe).

Question 2: Why do patients without a discharge date appear on the Review and Correct Report?

Answer 2: The Patient Stay-Level Data Section of the Review and Correct Report pulls from the HIS admission date (A0220 on the HIS) for the corresponding patient stay. In the Patient Stay-Level Data Section of the Review and Correct Report, a dash (-) will be displayed if the patient has not been discharged yet. The Hospice-Level Data Section of the Review and Correct Report includes the quality measure (QM) numerator, denominator, and score for patients who have been discharged within the selected four quarter reporting period.

Question 3: What kinds of information can be changed on our submitted HIS records?

Answer 3: The following two processes exist for correcting HIS records that have been accepted into the QIES ASAP system:

- Modification Request
- Inactivation Request

As noted in Section 3.6 of the HIS Manual, Hospices should correct any errors necessary to ensure that the information in the QIES ASAP system accurately reflects the patient's hospice record. Inaccurate information in the QIES ASAP system may affect hospice quality reporting results. A HIS record may be corrected even if subsequent records have been accepted for the patient. All errors identified in HIS records in the QIES ASAP system must be corrected. Inaccuracies can occur for a variety of reasons, such as transcription errors, data entry errors, software product errors, item response selection errors, or other errors.

The current CMS policy for the submission of HIS records allows providers to submit records for up to 36 months from the target date. Effective October 1, 2019, the CMS policy for HIS

submission will be changed to 24 months from the assessment target date. The policy change applies to new, modified, and inactivated records. However, the date by which providers modify or inactivate HIS records affects what data is reported on Hospice Compare. Providers can become familiar with the key dates for public reporting available here:

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Question 4: When did the Review and Correct report come out?

Answer 4: The Review and Correct Reports became available April 1, 2019

Question 5: How is the Hospice QM report different from the Review and Correct Report?

Answer 5: The Hospice Level QM report shows the CMS Measure ID, Numerator, Denominator, Hospice Observed Percent, Comparison Group National Average for the same time period, and the Comparison Group National Percentile for each measure.

The Hospice Patient Stay Level QM report identifies each patient whose qualifying HIS record was included in the QM calculations for the selected report period. The report includes per patient per measure information such as whether the patient stay triggered the measure, did not trigger the measure, or was excluded from the denominator.

The Review and Correct Report contains hospice level QM data for a full 12 months (4 quarters), associated patient stay level data and includes all HIS based measures. Providers have access to QM data prior to the data correction deadline for public reporting. The Review and Correct Report provides hospice agencies an opportunity to ensure the accuracy of their data and allows providers to track quarterly data cumulatively. The report includes data from the most current quarter “open” for data correction as well as data from previous three quarters “closed” for data correction (frozen data).

Question 6: What does triggered mean?

Answer 6: Triggered means the patient stay was included in the numerator and denominator of the quality measure. An “X” will be displayed in bold font if triggered.

As always if you have questions, please use the Help Desks that can be found at:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Help-Desks.html>